

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

670012

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3			
TOTAL DEP.	10			
TOTAL CLAIMS	13			

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TOTAL DEP.				
TOTAL CLAIMS				

BEST AVAILABLE COPY